

Johnson Memorial Health Community Health Needs Assessment 2020

I. Executive Summary:

Johnson Memorial Hospital, a division of Johnson Memorial Health, has a long tradition of community outreach in Johnson County, Indiana. In 1995 it joined forces with Community Health Network and Franciscan Health in Indianapolis to form the Partnership for a Healthier Johnson County.

Using community experts and volunteers, organized around specific health improvement initiatives, Partnership for a Healthier Johnson County has been a conduit for the Hospital to impact the quality of health and wellness in the community for 25 years. Partnership has been a model for community health improvement for the State of Indiana and has been cited by numerous national sources and experts in this field.

With hundreds of volunteers serving on Action Teams and/or working to support scores of initiatives over those 25 years, Partnership has developed a sustainable system of health improvement outreach and the hospital has played and continues to play a strong participating role.

Among the services created through the Partnership and given significant annual support by JMH is a clinic for the uninsured in Whiteland, Indiana, located at St. Thomas Episcopal Church. The Hospital provides access to hospital services and testing to those patients, as well as granting operational subsidies to the St. Thomas Clinic through an endowment from the Johnson Memorial Hospital Foundation.

The Hospital also played a pivotal role in expanding health care services to the southern third of Johnson County in Hensley, Nineveh and Blue River townships, which, for many years were federally designated as medically underserved areas.

In 1996 the Hospital worked with leaders in the Trafalgar, Indiana area and secured funding to establish a Federally Qualified Health Clinic (FQHC) there. The Hospital committed significant resources to make the clinic operational and for several years provided thousands of dollars in operational loans and subsidies.

In 1999, using the same model as developed for the Trafalgar FQHC, the hospital worked with community leaders in Edinburgh, Indiana to secure partial funding and establish a clinic. This clinic was also subsidized and supported by the Hospital for several years.

In 2005, in order to formalize the operational structure of the two clinics, the leadership, ownership and operation of both facilities was transferred to a newly created organization, Windrose Health. Operational subsidies from the Hospital eventually ended with this transition, and the remaining loan indebtedness to the Hospital was forgiven, but the Hospital continues to provide hospital services and other clinical support to Windrose clinics.

Since then, Windrose has been able to expand its reach of services to several other areas. Windrose Health currently has clinics in Franklin, Whiteland and Trafalgar (Johnson County), Hope (Bartholomew County) and Indianapolis (Marion County).

Often, Windrose clients who reside in Johnson County receive services at clinics located outside the county. The Edinburgh clinic has closed.

In 2016, the Johnson Memorial Hospital Foundation embarked on a new mission to improve access to behavioral health services in Johnson County. An inaugural Gala event occurred in February 2017 and raised funds dedicated to this new mission. This now-annual event continues to raise additional funds. Proceeds from the inaugural Gala resulted in the funding of a social worker who works directly with local primary care physicians to help navigate their patients in need of behavioral health services to the proper specialists. Additional programs are under development as are general awareness and education campaigns targeted at eliminating the negative stigma that surrounds those impacted with behavioral health disorders.

Thus, the Hospital brings to the Community Health Needs Assessment process a longstanding record of commitment and achievement in identifying community health needs, implementing community-based solutions to those needs and encouraging ongoing advocacy for continued improvements in community health and wellness.

II. Description of Johnson Memorial Health:

Johnson Memorial Hospital opened on June 29, 1947 as an ongoing memorial to those who had served in the armed services, past and present. It has been a county-owned hospital since its inception and operates under the county hospital laws of the State of Indiana. As such, it is a common asset of the people of Johnson County and the core of its mission is providing quality healthcare services to the community, regardless of the patient's needs or ability to pay.

Since 1957 the Hospital has operated solely on its patient services revenue and has not used any taxpayer subsidies, as allowed in Indiana law, to support the operation of the Hospital.

The Hospital is licensed for 100 beds but routinely staffs about 50 beds and employs a staff of about 900. The Hospital now generates the majority of its revenue from a wide range of ambulatory services at its main campus in Franklin, Indiana which includes the Rehabilitation and Orthopedic Center; at the Franklin Primary Care Center and Immediate Care and Occupational Health Clinic on the north side of Franklin; satellite physician offices at the Greenwood Primary Care Center, Stones Crossing Health Pavilion, and Whiteland Primary Care Center in Johnson County.

In addition to medical/surgical inpatient services, the hospital operates a 24/7 Emergency Department and Surgical Service, a comprehensive Cancer Care Center, a Cardiovascular Care Center, a Wound Care Center, Breast Care Center, Sleep Center, an Acute Rehabilitation Unit, home care, maternity services, pain relief services, and provides space for an independently operated renal dialysis service.

The Hospital enjoys the support of a wide range of specialists including cardiology, dermatology, emergency medicine, ENT, family medicine, general surgery, gastroenterology, hand surgery, infectious diseases, internal medicine, nephrology, neurology, OB/GYN, oncology/hematology, ophthalmology, orthopedic spine surgery, orthopedics and sports medicine, pathology, pain management, pediatrics, plastic

surgery, physiatry, podiatry, pulmonology, radiology, radiation oncology, urology, vascular surgery, and wound care.

Johnson Memorial Health is an owner / member in the Suburban Health Organization, www.suburbanhealth.com, an organization composed of 12 central Indiana hospitals working together to promote quality, efficiency and patient access in the communities they serve. Suburban Health Organization supports its hospitals, physicians and the communities they serve through the development of strategic initiatives and shared services. From quality initiatives and physician recruitment, to managed care contracting, and a risk retention group, the strength and diversity of these services help make the member hospitals and physicians one of the leading provider networks in central Indiana.

In August 2013 the Hospital joined with Community Health Network in opening the Stones Crossing Health Pavilion, replacing the Hospital's Center Grove Professional Office Building. The Pavilion is a joint project of both organizations and provides northwest Johnson County residents access to comprehensive medical imaging and physical rehabilitation, lab services and a wide range of medical specialists.

In 2016, the Johnson Memorial Health Board of Trustees approved a \$47 million project, the largest in the Hospital's history, which has completely reshaped the Hospital's main campus in Franklin.

Originally scheduled to open in January 2020, construction issues delayed the completion of the facility until April, when the global Coronavirus pandemic caused the hospital to quickly again change its plans. The Emergency Department was converted to a dedicated COVID unit to treat patients at the beginning of the pandemic. When the immediate need decreased, COVID patients were admitted to regular Intensive Care Unit, allowing for the opening of the new facility in July 2020.

The construction includes a new, state-of-the-art emergency/outpatient services facility on the east side of the Franklin campus and the new, comprehensive rehabilitation center on the campus' undeveloped west side which opened in late 2016. No local or county tax dollars were used to fund the project.

To accommodate the new emergency/outpatient services facility, the oldest part of the Johnson Memorial Health campus was demolished in 2018. Built as the original Johnson County Memorial Hospital in 1947, the aging structure housed Hospital administrative offices and other non-clinical departments.

Project Highlights

- The new emergency/outpatient services addition features:
 - A 17,400 square-foot emergency department with a new ambulance drive and bay
 - More than 33,000 square feet of space for outpatient services including radiology, laboratory, and other outpatient services on the ground level of the building.
 - A wellness suite and other services, located on the second level of the new addition, with room for future expansion.
 - A separate, canopy-covered entrance allows for easy and safe patient access.

- The Rehabilitation and Orthopedic Center contains 20,400 square feet of space for orthopedic care, and physical, occupational and speech therapy/rehabilitation and pain relief services.

III. Financial Information

Five-Year Comparison of Net Income to Charity Allowances					
	2015	2016	2017	2018	2019
Net Patient Revenue¹	\$69,706,417	\$79,390,902	\$75,423,670	\$74,171,102	\$84,826,217
Net Operating Income²	\$1,237,399	\$45,643	\$(5,620,615)	\$(11,234,251)	\$(3,401,171)
Net Operating Income as a % of Net Patient Revenue	2.1%	.0057%	-7.45%	-15.15%	- 4.01%
Patient Revenue Total Charity Care Allowance³	\$3,638,631	\$3,806,152	\$3,835,165	\$1,416,785	\$2,544,235
Charity Care as a % of Net Revenue	6.2%	4.8%	5.08%	1.91%	3.00%

IV. Description of the Hospital's Service Area:

As the only full-service hospital physically located in Johnson County, Johnson Memorial has always considered its service area to be the county and the border areas to the west, south and east of the county's boundary lines. These areas outside Johnson County are largely rural and have significant socio-economic connection to Johnson County and the Franklin area.

Johnson County has a population of approximately 161,000 (2020 Estimate). Using available inpatient and outpatient market share data from the Indiana Hospital Association, two distinct service areas emerge in the county for the Hospital.

The primary service area of the Hospital, where approximately 80% of its patient volume comes from, includes the southern two-thirds of the county and includes the communities of Bargersville, Edinburgh, Franklin, New Whiteland, Nineveh, Trafalgar, and Whiteland. Total population in this area is approximately 71,000.

¹ Audited F/ S's

² ibid

³ Trial Balance

The Hospital's secondary service area where about 20% of its volume originates has a population of about 81,000 and covers Greenwood, the suburban area of northwest Johnson County that is generally referred to as Center Grove and communities outside of Johnson County including Columbus, Martinsville, Morgantown, Morristown, Nashville and Shelbyville.

V. Data Collection

Primary Research – We will conduct a community survey in the first quarter of 2021. This primary data collection will use the same nine-question Community Survey which was used in 2017 so we can compare results. The survey will be sent via email to key informants / community constituents (Johnson Memorial Hospital staff and physicians, social service professionals, community volunteers and task force members for Partnership for a Healthier Johnson County, school nurses, and other public health and area health care providers). The survey questions we will use are included in this report as Appendix A.

Secondary Research – Secondary data from the following sources were used in this assessment:

- US Census data
- Healthy People 2030
- Robert Wood Johnson County Health Rankings
- United Health Foundation's America's Health Ranking 2019
- Indiana Indicators Dashboard
- Johnson County Health Department Annual Report 2019
- Indiana Community Health Workers Association

VI. Johnson County Demographics

Johnson County has experienced strong population and economic growth over the past 20 years. Johnson County ranks 5th in the State of Indiana in net domestic migration (down from 3rd in 2017) and its population grew by 13% between 2010 and 2019.

Key Demographics⁴:

- The county's population in July 2019 was 158,167
- 24% of the population is under 18 years
- 15% are age 65 and older
- 91% of county residents are white

VII. Social Determinants of Health

The World Health Organization defines the social determinants of health as “the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries.”⁵

⁴ <https://www.census.gov/quickfacts/fact/table/johnsoncountyindiana/PST045219>

⁵ Indiana Community Health Workers Association website, www.inchwa.org

We used Healthy Communities 2030's *Social Determinants of Health* to guide the research gathered for this report.

- **Economic stability** – People with steady employment are less likely to live in poverty and more likely to be healthy
 - Median household income exceeds the median for Central Indiana, in some zip codes by significant margins. The median for Central Indiana is **\$62,502**. The median income for the county is **\$68,712** (2019 data).⁶
 - 7.7% of the population live in poverty (2019 data)⁷
 - The September 2020 Unemployment Rate (not seasonally adjusted) was 4.6%. In September 2019, the rate was 2.3%⁸
 - According to Indy Partnership, Johnson County's implied resident labor force (the number of people who live in Johnson County and work) in 2018 was 106,219
 - Of those, 69,292 (65%) live **and** work in the county
 - 36,927 (35%) live in Johnson County, but work outside the county
 - There are 13,603 people who work in Johnson County but live outside the county
- **Education Access and Quality** – People with higher levels of education are more likely to be healthier and live longer.
 - 92% of residents age 25+ have a high school or higher degree⁹
 - 32% of residents age 25+ have a B.A. or higher degree¹⁰
 - 92% of households have a computer¹¹
 - 84% of households have a broadband internet subscription¹²
- **Health Care Access and Quality** – People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need.
 - For the period 2014-18 7% of residents under the age of 65 had a disability¹³
 - 9% of adults in the county were uninsured in 2017. For children, the rate was 6%¹⁴
 - Johnson County has a 1:1,270 ratio of primary care physician per resident. The State of Indiana has a 1:1,510 ratio. (2017 Data)¹⁵
 - The county has a 1:1,150 ratio of mental health providers per resident. The state's ratio is 1:620. (2019 Data)¹⁶

⁶ <https://www.census.gov/quickfacts/fact/table/johnsoncountyindiana/PST045219>

⁷ *ibid*

⁸ http://www.hoosierdata.in.gov/dpage.asp?id=32&view_number=1&menu_level=&panel_number=2

⁹ <https://www.census.gov/quickfacts/fact/table/johnsoncountyindiana/PST045219>

¹⁰ *ibid*

¹¹ *ibid*

¹² *ibid*

¹³ *ibid*

¹⁴ <https://www.countyhealthrankings.org/app/indiana/2020/measure/factors/4/data>

¹⁵ *ibid*

¹⁶ *ibid*

- **Neighborhood and Built Environment** – The neighborhoods people live in have a major impact on their health and well-being
 - There were 62,521 housing units in July 2019¹⁷
 - Of those, 72% were owner-occupied¹⁸
 - The median value of owner-occupied housing was \$1158,200¹⁹
 - The northern third of the county is more densely populated with the middle section a mix of suburban / rural and the southern third mostly rural
 - Incorporated communities have made a concerted effort in the last few years to build extensive trail systems. There is a group currently working to build connections between these trails which would serve unincorporated areas of the county.
- **Social and Community Context** – People’s relationships and interactions with family, friends, co-workers, and community members can have a major impact on their health and well-being.
 - 29% of children in Johnson County live in a single-parent household, compared with 34% statewide.²⁰
 - Johnson County has 136 membership associations per 10,000 population ²¹
 - Johnson County had 421 reported violent crime offenses per 100,000 population in 2014-16 compared with 385 statewide.²²
 - The county had 102 deaths due to suicide per 100,000 population, in 2014-18 compared with 15 statewide.²³

VIII. Health Care Indicators

According to the *Robert Wood Johnson 2020 County Health Rankings*, Johnson County ranks 12th in the state of Indiana for overall health outcomes. This is down from 5th in 2017, the last year the Community Health Needs Assessment was done.

The county rankings for the determinants which factor into the overall ranking are:

- Length of Life – 17th in the state
 - Premature death (years of potential life lost before age 75 per 100,000 population) – 6,800
 - Malignant neoplasms – 84.9 per 100,000 population
 - Diseases of the heart – 64.7 per 100,000 population
 - Accidents – 22.3 per 100,000 population
 - Chronic lower respiratory diseases – 15.4 per 100,000 population
 - Intentional self-harm - 14 per 100,000 population
- Quality of Life – 13th in the state
 - Poor or fair health – 16%
 - Poor physical health days (in the last 30 days) – 3.6

¹⁷ ibid

¹⁸ ibid

¹⁹ ibid

²⁰ <https://www.countyhealthrankings.org/app/indiana/2020/measure/factors/4/data>

²¹ ibid

²² ibid

²³ ibid

- Poor mental health days (in the last 30 days) – 4.4
- Percentage of birth with low birthweight – 7%
- Health Factors – 7th in the state
 - Health Behaviors – 8th in the state
 - Adult Smoking – 18%
 - Adult Obesity – 31% (trend is getting worse)
 - Food environment index²⁴ – 8.0
 - Physical inactivity – 24%
 - Access to exercise opportunities²⁵ – 80%
 - Excessive drinking – 19%
 - Alcohol-impaired driving deaths – 8% (trend is getting better)
 - Sexually transmitted diseases²⁶ – 306.7 (trend is getting worse)
 - Teen births²⁷ – 21
 - Clinical Care – 9th in the state
 - Uninsured – 8% (trend is getting better)
 - Primary care physicians – 1,270:1 (trend is getting better)
 - Dentists – 1,580:1 (trend is getting better)
 - Mental health providers – 1,150:1
 - Preventable hospital stays²⁸ – 4,480
 - Mammography screening²⁹ – 44% (trend is getting better)
 - Flu vaccinations³⁰ – 54%
- Social & Economic Factors – 10th in the state
 - High School Graduation – 93%
 - Some College – 70%
 - Unemployment³¹ – 2.9%
 - Children in Poverty – 10%
 - Income inequality³² – 3.8
 - Children in single-family homes – 29%
 - Social associations³³ – 8.8
 - Violent crime³⁴ – 284 (trend is getting worse)
 - Injury deaths³⁵ – 58
- Physical Environment – 73rd in the state
 - Air pollution – particulate matter³⁶ – 12.1 (trend is getting better)

²⁴ Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).

²⁵ Percentage of population with adequate access to locations for physical activity.

²⁶ Number of newly diagnosed chlamydia cases per 100,000 population

²⁷ Number of births per 1,000 female population ages 15-19.

²⁸ Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.

²⁹ Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.

³⁰ Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.

³¹ 2018 data was use for this metric. Actual October 2020 unemployment rate was 3.7% (COVID related)

³² Ratio of household income at the 80th percentile to income at the 20th percentile.

³³ Number of membership associations per 10,000 population.

³⁴ Number of reported violent crime offenses per 100,000 population.

³⁵ Number of deaths due to injury per 100,000 population.

³⁶ Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).

- Drinking water violations – No
- Severe housing problems³⁷ – 12%
- Driving alone to work – 86%
- Long commute – driving alone³⁸ – 42%

Looking at these statistics, Johnson County would rank considerably higher than 12th in the state except for the Physical Environment factor where it ranks 73rd. The most striking statistic here is the long, solo commute.

While Johnson County ranks relatively well in the state, we must also consider the state's overall ranking. According to the *United Health Foundation's America's Health Ranking 2019 annual report* Indiana ranks 41st out of the 50 states. In 2016, Indiana ranked 39th. According to this report:

- Strengths
 - Low prevalence of excessive drinking
 - High meningococcal immunization coverage among adolescents
 - Small difference in health status by high school education
- Challenges
 - High prevalence of smoking
 - Low rate of mental health providers
 - Low immunization coverage among children
- Highlights
 - In the past three years, obesity increased 9% from 31.3% to 34.1% of adults
 - Since 2007, drug deaths increased 176% from 8.6 to 23.7 deaths per 100,000 population
 - Since 2012, smoking decreased 18% from 25.6% to 21.1% of adults
 - In the past two years, violent crime decreased 6% from 405 to 382 offenses per 100,000 population
 - In the past two years, mental health providers increased 11% from 144.2 to 160.0 per 100,000 population
 - Since 2012, diabetes increased 23% from 10.2% to 12.5% of adults

Further this report showed the state:

- Ranked poorly in **Health Behaviors**, specifically
 - drug deaths
 - obesity
 - physical inactivity
 - smoking
- Ranked in the mid-range for **Community Environment** with poor ratings for
 - air pollution
 - occupational fatalities
- Ranked poorly in **Policy** with poor ratings in
 - HPV immunizations in males
 - immunizations of children age 19-35 months

³⁷ Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

³⁸ Among workers who commute in their car alone, the percentage that commute more than 30 minutes

- public health funding
- Ranked poorly in **Clinical Care** with poor ratings for
 - number of dentists per 100,000 population
 - mental health providers per 100,000 population
 - preventable hospitalizations (discharges per 1,000 Medicare enrollees)
 - primary care physicians per 100,000 population
- Ranked poorly in **Health Outcomes** with poor ratings for
 - Cancer deaths (per 100,000 population)
 - Cardiovascular deaths (per 100,000 population)
 - Diabetes
 - Frequent mental distress
 - Frequent physical distress
 - Infant mortality (per 1,000 live births)
 - Premature death

Death Statistics: Johnson County Health Department

In 2018 there were 998 deaths in Johnson County; twenty-four of those were drug related and ranged from poly pharmaceutical, ethanol, methadone, opiate, and fentanyl overdoses. Sixty-five percent (68.5%) of all deaths can be attributed to four causes:

Cause of Death	Number	Percentage
Coronary artery disease	201	20.1%
Cancer/Carcinoma/Neoplasms	187	18.7%
Alzheimer's/dementia/senility	185	18.5%
COPD/respiratory/pulmonary embolism	112	11.2%

According to the Indiana Community Health Workers Association, in June 2018, the top 5 health disparities in Indiana are:

- Opioid Abuse
- Tobacco Use
- Infant Mortality
- Obesity
- Diabetes

IX. Data Analysis

See Appendix B for the 2020 CHNA Data Analysis Chart. In analyzing the data, we considered the following factors:

- 2013 Community Health Needs Assessment
- 2017 Community Health Needs Assessment
- 2020 Community Health Needs Assessment data, specifically the areas where both Indiana and Johnson County rank poorly, according to the United Health Foundation's America's Health Ranking 2016 annual report)

X. Priority of Community Needs

To establish the priority of community needs research was reviewed based on the following criteria:

- The Hospital's ability to impact the issue

- availability of local resources to address the need
- past involvement by the Hospital or the Partnership for a Healthier Johnson County
- perceived importance placed on that category by the community served will be added after the survey is conducted in the first quarter of 2021.

Through this process, the same three areas of health needs emerged in 2020 as dominant over all others as they did in 2017:

- Access to Care
 - The ratio of health care providers (primary care, mental health and dentists) remains an issue for the county
- Cancer
 - Malignant neoplasms are the #1 cause of premature death
 - Cancer is the second leading cause of death of county residents
 - There are positive trends in new cancer cases, new colorectal cancer cases and deaths, new prostate cancer cases and deaths, and new lung cancer cases
 - Lung cancer deaths, new female breast cancer cases and deaths, and mammography screening are trending negatively
- Mental Health and Substance Abuse / Tobacco
 - High number of poor mental health days per month
 - Intentional self-harm is the #5 cause of premature death
 - High prevalence of smoking
- Obesity / Diabetes / Nutrition / Physical Activity / Cardiovascular Disease
 - Coronary Artery Disease was the leading causes of death in 2018
 - Heart Disease indicators are trending positive; however, stroke deaths are trending negatively
 - While Adult Obesity is trending positively across the state, the incidence of adult obesity in Johnson County has increased 9% in the last three years
 - While county deaths from Diabetes have decreased, the number of adults with diabetes in the state has increased 23% since 2012.

Based on this review, the interventions that would yield the greatest results and benefits for the community as a whole were determined to be:

- education regarding, and access to, mental health services, substance abuse prevention and treatment, and tobacco cessation
- further expansion of outreach to address healthy nutrition, weight reduction, exercise
- expanding access to primary care services for diabetes control, cardiovascular disease and cancer

XI. Review of available community resources

Partnership for a Healthier Johnson County Resources

In 1994, Johnson Memorial Hospital became actively engaged in outreach and advocacy with the creation of two community advisory groups (one comprised of health care professionals and providers and one comprised of community members) who met to share their vision for a healthier community. They envisioned the development of a

coalition of health care providers and like-minded individuals that would be willing to help meet the health needs of Johnson County residents.

These advisory groups led to the formation of Partnership for a Healthier Johnson County in 1995 with the addition of new members, including representatives from the two other hospitals which provide medical service to county residents – Community Health Network and St. Francis Hospital in Indianapolis (now Franciscan Health).

Following their thorough examination of a community health needs assessment, they identified more than 18 community health issues such as asthma education, safe sleep and breastfeeding for newborns, medical, dental and prescription services, healthy eating and reducing tobacco use.

The Partnership they formed began extensive community outreach efforts to educate and assist the community in addressing the identified health issues by forming Action Teams, developing strategies with the help of health care professionals and other community member volunteers, and increasing communication and awareness of health needs in the community.

Working through this collaboration with two competing healthcare providers in the community allowed the Partnership to evolve into a long-standing coalition capable of demonstrating how community health improvement can be achieved when key elements and support is in place. In 1997, Partnership was funded by tithing dollars from Johnson Memorial Hospital and additional financial support from Franciscan Health and Community Health Network. Partnership for a Healthier Johnson County has been recognized as one of the longest standing community coalitions in the state ever since.

For more than 20 years, Partnership has been able to build relationships with leaders and core entities within Johnson County. Some of the individuals and groups that have come forward to improve the community include the Indiana State and Johnson County Health Departments, state legislators and county commissioners, the city governments of Franklin and Greenwood as well as both cities' Chambers of Commerce, Franklin College, all six county school districts, substance abuse professionals, the Franklin and Greenwood Parks and Recreation Departments, concerned citizens and healthcare and human services providers. Hundreds of volunteers and dozens of businesses work with Partnership in the development and implementation of health initiatives.

Partnership also has an intimate relationship with the St. Thomas Clinic, which Partnership created in collaboration with St. Thomas Episcopal Church where it resides. This clinic is normally open Wednesdays and Saturdays (except during the pandemic) and serves low income and uninsured adults of Johnson County at no charge. It is staffed by more than 100 volunteers and the Hospital provides access to hospital services and testing to the clinic's patients.

Partnership also has a strong relationship with Windrose Health Network, which has expanded its services throughout Johnson and other counties. The strong relationship between Partnership and Windrose is still vital to the success of both entities.

Since 2016 Partnership's leadership has changed from being governed by a comprised of representatives of Johnson Memorial, Franciscan, Community and Windrose to now being housed and overseen by Johnson Memorial staff.

Partnership's four Action Teams (Access to Care/Behavioral Health, Maternal & Child Health, Tobacco Free Johnson County and Wellness) work to continually identify health issues within the community and take action to address those issues as they arise.

Partnership's **Access to Care/Behavioral Health Team** focuses on:

- prevention before treatment
- closing gaps in services
- maximizing resources
- avoiding duplication

The teams 2018-20 goals and accomplishments are:

- Increase community and provider awareness of behavioral health resources.
 - Held Fair 6/5/19.
 - Attended Look Up IN training with Lutheran Foundation
 - Promoted directory to Johnson County Public Library and Johnson County Community Corrections
- Suicide awareness
 - Partnered with Coalition for awareness at Canary Creek. 5/09-5/11, 2019
 - Partnered with Suicide: The Ripple Effect viewing at Whiteland
 - Ongoing partnership with Johnson County Suicide Prevention Coalition
- Addictions disease, treatment and recovery awareness
 - Began community conversations.
 - Tonier Cain of documentary "Healing Neen" will be speaker at Symposium. Hold event in 2020 and add to 2020 goals and budget
- Become trauma-informed community
 - Promoted "resilience: The Biology of Stress & The Science of Hope
 - Promoted/Attended ACE event at Pike Performing Arts Center on 7/19/19

The **Maternal & Child Health Team** is composed of passionate individuals who have a common interest in improving the health and well-being of women, infants, children and families. The team's objectives promote increased access to resources, provide education and connect individuals through networking and outreach events.

The team's 2018-20 accomplishments were:

- Sponsored Aunt Bertha community webinar and made community partners more aware of online resources
- Distributed community resource binders to community partners
- Distributed *Breastfeeding Friendly Establishment* ecals to businesses in the community
- Maintained three additional car seat technicians in Johnson County
- Sponsored an Amazon Wish list diaper drive to help support Indy Diaper Source
- Help establish need for Safe Haven Infant box in Franklin, IN
- *Baby & Me Tobacco Free* program grant renewed through partnership and expanded with staff to increase physician referrals with additional funding partner Empower
- Currently planning a way to support the Angel Care House by fundraising events
- Supported networking of community partners which created relationships and resulted in more resources to those in need

- Would have supported two lactation stations at the county fair had it not been cancelled

Tobacco Free Johnson County 2018-20 goals and accomplishments were:

- Implement youth education, policy, evidence-based cessation programs.
 - Young Lungs and Smokebusters presented to more than 2,000 students.
 - Train-the-trainer certified for Catch My Breath; four ready to train
- Host Community Conversations on vaping in all county school districts free local resources
 - Completed at Franklin, Indian Creek, Edinburgh and Center Grove
- Educate students and school communities about tobacco/vaping.
 - Produced original vaping flyer for Johnson County school nurses with symptoms of vaping and where to get help.
 - Promoted instagram videos of students during the Great American Smoke-out.
- Create county-wide educational video on vaping that would include local school administrators, coaches, parents, students, health experts, etc.
 - MDWise identified as potential sponsor
- Limit youth access and exposure to tobacco products in the retail setting.
 - 60 tobacco retail stores will be audited for youth and disparate population targeting in Feb. 2020
- Increase proportion of Johnson County residents not exposed to 2nd hand smoke (policy). Edinburgh will pass a comprehensive smoking ordinance
 - Edinburgh officials identified as champions
- Equip one market rate and one subsidized housing property to establish smoke-free housing units.
 - No progress reported
- Decrease the Johnson County pregnancy smoking rate.
 - 2017 Rate Projected Rate – reduce from 12.5% to 10.5%
- Decrease adult smoking rates by training providers on Ask-Advise-Refer and installing electronic Quitline referral systems for ease of referrals.
 - 12/3/19: JMH, Cerner, and Optum are currently working on set up of electronic referral with target launch in Jan. 2020 during height of traditional quit attempts.
- Reach disparate populations showing higher smoking rates with education, resources and support to quit.
 - Provided a Train-the-Trainer for the Breathe curriculum for 7 Head Start Centers in 6 counties, including Franklin and Greenwood classroom teachers.

The **Wellness Team** focuses on physical activity, healthy weight, and nutrition. 2018-20 goals and accomplishments include:

- Make healthy choice easy choice in Johnson County; Local Food Council Development
 - Supported Needham / Webb elementary school garden in cooperation with Michelle's Little Food Pantry
 - Local food council development – # of members 50. The local food council website launched.
- Increase awareness of physical activity opportunities for Johnson County residents

- Continue Youth and Adolescent Physical Activity grant implementation providing GoNoodle Plus subscriptions in 8 elementary schools
- Painted a walking path on the midway on the Johnson County fairgrounds using a stencil with the new PHJC logo and distance on the 1/3 mile loop that is currently used by the homemaker's walking club and members of the public. The logo is on the trail 5 times.
- Secured \$1,000 grant from Johnson County REMC to support the Pedals of Joy project for 2020.
- Partner with Aspire Johnson County teams
 - Wellness team members served on various Aspire JC teams. Johnson County trails plan was approved by the commissioners.

Johnson Memorial Hospital Resources

JMH Wellness Services offers surgical weight loss and bariatric surgery; nonsurgical weight loss classes, seminars and support groups; corporate wellness programs; health coaching and dietitian packages, and a meal planning program.

Dana Lindsay, M.D., Medical Director of JMH Wellness Services, is a board-certified Surgical Specialist and a member of the Johnson Memorial Physician Network. She has performed more than 700 bariatric procedures and works with patients who seek both surgical and non-surgical weight loss options. Working alongside Dr. Lindsay is Wellness Services Coordinator Eileen Williams, RN, who meets with businesses involved in corporate wellness and works with each patient throughout their screenings. She assesses the health of each member of the corporate wellness program, identifying their specific area of need.

The Johnson Memorial Hospital Foundation has been instrumental in assisting the Hospital to better address the healthcare needs through its financial support of the St. Thomas Clinic and other initiatives over the years. Beginning in 2016, the Foundation placed a mission focus on increasing access to behavioral health services in the county. Fundraising efforts have and will continue to be dedicated to enhancing access for both outpatient and inpatient behavioral health services through collaboration agreements with external parties or direct services development by the Hospital. In addition, various awareness and education campaigns targeted toward elimination of the negative stigma that surrounds those impacted with a behavioral health disorder will also be funded.

The Hospital's Diabetes Care Center's education program is accredited by the American Association of Diabetes Educators (AADE) and meets the National Standards for Diabetes Self-Management Education. The program is tailored to the patient's schedule and lifestyle. It allows the diabetes educator to educate the patient on eating habits, medications, exercise and blood-glucose monitoring.

The Johnson Memorial Health Cancer Care Center brings together oncologists, pathologists, radiologists and surgeons to ensure comprehensive and timely cancer care. The team is complemented by cancer navigation services for guidance, support and education throughout the course of care. Johnson Memorial Health has expanded its partnership with American Health Network (AHN) Oncology in order to continually improve services and offerings. Patients at the Cancer Care Center have access to state

of the art, multi-specialty care and access to ongoing clinical trials, new treatment options and support networks. The team also consists of a cancer registrar for the collection of data on types, stages and treatment results of all cancer patients in the healthcare system.

The Cardiovascular Care Center continues to expand as a nationally accredited program. The program earned a three-year accreditation by the IAC (Intersocietal Accreditation Commission) in 2017. The intensive application and review process along with ongoing performance improvement initiatives compliment the diagnostic cardiology services offered by the team of cardiovascular professionals. Johnson Memorial Health partners with IU Health to compliment a strong cardiovascular service-line and to build upon the momentum for continued future growth in diagnostic and interventional cardiovascular services.

XII. Implementation Plan

To insure that the CHNA does not become a static planning document, the Hospital will make a concerted effort to keep access to the plan open to the public and to encourage ongoing comment and public input on the plan.

To accomplish this, the plan will be placed on the hospital's website, www.johnsonmemorial.org and will also be accessible via a link on the hospital's Facebook page, providing adequate opportunity for the public to comment on the CHNA and provide continuous input for use in future updates.

With the identification of these priority community needs, the Hospital staff and Partnership Action Teams will use this information in the coming year to prepare a complete action plan for each area.

Appendices

Appendix A – Community Health Needs Assessment Survey Questions

1. In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 46184 or 46227)
2. Circle the answer that best describes your race.
 - White
 - Black or African-American
 - Hispanic or Latino
 - American Indian or Alaskan Native
 - Asian
 - Native Hawaiian or other Pacific Islander
 - Multiracial
 - Other
3. Please indicate which category below includes your age:
 - 17 or younger
 - 18-24
 - 25-39
 - 40-54
 - 55-64
 - 65 or older
4. Please tell us your affiliation.
 - Board of Trustees
 - Physician
 - Employee
 - Person with special knowledge of or expertise in public health
 - Representative of a federal, regional, state or local health department
 - Representative of a social or human services agency
 - Community leader or representative
 - Other community member
 - Health care consumer
 - Member or representative of a medically underserved, low income or minority population
 - Other (please specify)
5. Health
Please indicate below how serious you think the following **Health issues** are in **your community (zip code)**.
 - 5 = Definitely a Problem
 - 4 = Somewhat of a problem
 - 3 = Neutral/I do not know
 - 2 = Not a significant problem
 - 1 = Definitely NOT a problem

Alcohol
Arthritis
Asthma
Cancer
Diabetes
Drugs
Elderly Wellness
Family Planning
Heart Disease and Stroke
High Blood Pressure
HIV/AIDs
Mental Health
Nutrition
Obesity/Overweight
Oral Health
Physical Activity
Pregnancy and Birth
Sexually Transmitted Disease
Tobacco/Smoking
Other (please specify)

6. Public Health and Safety

Please indicate below how serious you think the following **Public Health and Safety issues** are in **your community (zip code)**.

5 = Definitely a Problem
4 = Somewhat of a problem
3 = Neutral/I do not know
2 = Not a significant problem
1 = Definitely NOT a problem

Child abuse
Drinking Water
Fire, police and emergency protection
Food Safety
Gun Safety
Hazardous Materials
Hazardous Waste
Healthy Homes
Lead Poisoning
Personal Safety
Radon Control
Traffic Safety
Violent Crimes
Other (Please specify)

7. Access

Please indicate below how serious you think the following **Access issues** are in **your community (zip code)**.

- 5 = Definitely a Problem
- 4 = Somewhat of a problem
- 3 = Neutral/I do not know
- 2 = Not a significant problem
- 1 = Definitely NOT a problem

Access to primary health services
Availability of a doctor
Health insurance
Language barriers
Transportation
Workforce Development

8. Community

Please indicate below how serious you think the following **Community issues** are in **your community (zip code)**.

- 5 = Definitely a Problem
- 4 = Somewhat of a problem
- 3 = Neutral/I do not know
- 2 = Not a significant problem
- 1 = Definitely NOT a problem

Access to public transportation
After school youth programs
Civic centers and/or churches
Farmers markets
Parks & recreational facilities
Senior outreach programs

9. Additional Comments

Appendix B – 2020 CHNA Data Analysis Chart

Indiana ranks 41st of the 50 states in health measurements according to America’s Health Rankings.

Trend: **Positive** / **Negative**

	2013 CHNA	2017 CHNA	Robert Wood Johnson County Health Rankings	United Health Foundation Health Ranking (State of Indiana)	Indiana Indicators Dashboard	Johnson County Health Department Death Records
Access to Care		# of Mental Health Providers / population	91% of adults and 94% of children are insured	Low ratio of mental health providers In the past two years, mental health providers increased 11% from 144.2 to 160.0 per 100,000 population	# of uninsured residents Ratio of primary care physicians per population	
Cancer		#4 in 2016 Health Ranking Annual Report Colorectal Cancer Incidence Rate Age Adjusted Death rate due to Lung Cancer Lung and Bronchus Cancer Incident Rate	Malignant neoplasms – 84.9 per 100,000 population (#1 cause of premature death)		New Cancer Cases, Colorectal New Cases and Deaths, New Lung Cancer Cases, New Prostate Cancer Cases and Deaths (all per 100K) Lung Cancer Deaths, New	Cancer / carcinoma / neoplasms were the #2 cause of death in 2018, accounting for 18/7% of all deaths

	2013 CHNA	2017 CHNA	Robert Wood Johnson County Health Rankings	United Health Foundation Health Ranking (State of Indiana)	Indiana Indicators Dashboard	Johnson County Health Department Death Records
		Cancer – Medicare Population			Female Breast Cancer Cases and Deaths (all per 100K) and Mammography screening	
Cardiovascular Disease		#12 in 2016 Health Ranking Annual Report Atrial Fibrillation – Medicare Population Heart Failure – Medicare Population Hyperlipidemia – Medicare Population	Diseases of the heart – 64.7 per 100,000 population (#2 cause of premature death)		Heart Disease: Hospitalizations per 10K, Deaths per 100K Stroke: Hospitalizations per 10K Deaths per 100K	Coronary artery disease was the #1 cause of death in 2018, accounting for 20% of all deaths
Children’s Social Environment		Child Abuse Rate			Children in Poverty Children eligible for free lunch	
Diabetes	Impact of diabetes on overall health and wellness	#10 in 2016 Health Ranking Annual Report		Since 2012, diabetes increased 23% from 10.2% to 12.5% of adults	Diabetes Deaths per 100K Adults with Diabetes	

	2013 CHNA	2017 CHNA	Robert Wood Johnson County Health Rankings	United Health Foundation Health Ranking (State of Indiana)	Indiana Indicators Dashboard	Johnson County Health Department Death Records
Maternal and Child Health	Prenatal care and infant wellness	Infant Mortality – #5 in 2016 Health Ranking Annual Report	7% of births are low birthweight	High meningococcal immunization coverage among adolescents Low immunization coverage among children	Infants with recommended immunizations Newborns with low birth weight Premature births Births with prenatal care in first trimester	
Mental Health		Frequent Mental Distress – #13 in 2016 Health Ranking Annual Report Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury Age-Adjusted Hospitalization Rate due to Pediatric Mental Health	Intentional self-harm - 14 per 100,000 population (#5 cause of premature death) 4.4 poor mental health days in the last 30 days		Number of Poor Mental Health Days per month	

	2013 CHNA	2017 CHNA	Robert Wood Johnson County Health Rankings	United Health Foundation Health Ranking (State of Indiana)	Indiana Indicators Dashboard	Johnson County Health Department Death Records
		Age-Adjusted Hospitalization Rate due to Suicide and Intentional Self-inflicted Injury Social Associations				
Nutrition		Accept SNAP at farmer's markets, Promote healthier concession offerings Nutrition = 4.07 in Community Survey				
Obesity	Chronic obesity and the long-term effects of being overweight	Obesity – #14 in 2016 Health Ranking Annual Report	31% rate of adult obesity – trending negative	In the past three years, obesity increased 9% from 31.3% to 34.1% of adults	Adult Obesity	
Other Diseases / Issues		Age-Adjusted Death Rate due to Kidney Disease Chronic Kidney Disease –			Adults Reporting Poor or Fair Health	Alzheimer's / Dementia / Senility was the #3 cause of death in 2018, accounting for

	2013 CHNA	2017 CHNA	Robert Wood Johnson County Health Rankings	United Health Foundation Health Ranking (State of Indiana)	Indiana Indicators Dashboard	Johnson County Health Department Death Records
		Medicare Population Osteoporosis – Medicare Population Rheumatoid Arthritis or Osteoarthritis – Medicare Population			Number of Poor Physical Health Days per month Populations per one local health department staff member Alzheimer's: Deaths per 100K Arthritis: Hospitalizations per 10K Kidney Disease: Deaths per 100K Sexually Transmitted Disease: Chlamydia Cases per 100K, Existing HIV Cases per 100K	18.5% of all deaths
Physical Activity		#15 in 2016 Health Ranking Annual Report	80% have access to exercise opportunities		Adults Reporting Physical Inactivity	

	2013 CHNA	2017 CHNA	Robert Wood Johnson County Health Rankings	United Health Foundation Health Ranking (State of Indiana)	Indiana Indicators Dashboard	Johnson County Health Department Death Records
Physical Environment		Air Pollution – #2 in 2016 Health Ranking Annual Report Mean Travel to Work (in minutes) Solo Drivers with Long Commute Toxic Chemicals / PBT Released Recognized Carcinogens Released into Air	Accidents – 22.3 per 100,000 population (#3 cause of premature death) Violent crime is trending negative Ranked 73 rd in state for physical environment			
Respiratory Diseases	Pulmonary Disease	Age-adjusted Death Rate due to Chronic Lower Respiratory Disease	Chronic lower respiratory diseases – 15.4 per 100,000 population (#4 cause of premature death)		Asthma: Emergency Department visits per 10K, Hospitalizations per 10K, Chronic Lower Respiratory Disease Deaths per 100K Child Emergency Department Visits per 10K	COPD / Respiratory / Pulmonary embolism was the #4 cause of death in 2018, accounting for 11.2% of all deaths

	2013 CHNA	2017 CHNA	Robert Wood Johnson County Health Rankings	United Health Foundation Health Ranking (State of Indiana)	Indiana Indicators Dashboard	Johnson County Health Department Death Records
Substance Abuse		Drug Deaths – #17 in 2016 Health Ranking Annual Report Age-Adjusted Hospitalization Rate due to Alcohol Abuse Age-adjusted Hospitalization Rate due to Substance Abuse		Low prevalence of excessive drinking High prevalence of smoking Since 2007, drug deaths increased 176% from 8.6 to 23.7 deaths per 100,000 population Since 2012, smoking decreased 18% from 25.6% to 21.1% of adults	Adults Reporting Excessive Drinking Adults who smoke Births where mother smoked during pregnancy	
Tobacco	Tobacco use and related incidents of cancer	#1 in 2016 Health Ranking Annual Report Mothers Who Smoked During Pregnancy Adults who smoke	18% adult smoking rate			